

# CLAIMS ONLY

Application Number

10552399

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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Total						
Indep						
Depend						
Total						
Claims						

	Indep		Depend		Indep		Depend	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total								
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Total								
Claims								

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14

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